## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER \_Primary Registration District No. DO NOT WRITE AMENDED ON THIS STUB PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY . STATE b. COUNTY VS 300 AMENDED St. Louis Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TÖÜN Yes 19 No [] Berklev c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR St. Louis County Hosp 5901 Jackson INSTITUTION Yes Mr No IT Yes 🗆 No 🗔 3. NAME OF DECEASED Middle 4. DATE Last Day Year (Type or print) 63 DEATH 9. AGE (last birthday) LE UNDER 1 YEAR LE UNDER 24 HR 5. SEX A COLOR OR PACE 7. Married M Never Married | B DATE OF RIGHT Months Widowed □ Diverced | Negro Van 4. 1894 Female 69 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U. S. A. Tenn. H ousewife 13a FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Harry Smith Unknown Unknown 14 SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs Jessie Williams 5835 Jackson (Yes, no, or unknown) | (If yes, give war or dates of 94200 INTERVAL BETWEEN ONSET AND DEATH 10 IMMEDIATE CAUSE (a) 5 11 NSTEAD Conditions, if any, DUE TO (b which gave rise to above cause (a). stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased Was female<sub>e</sub> was there a pregnancy in last 90 days. disease condition given in PART I (a) Unknown 20h, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART L of PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUIC/DE HOMICIDE PERFORMED? Month, Day, Year 20c. TIME OF RIBBON INJURY a.m. p.m. BLACK INK COUNTY STATE 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 201, CITY, TOWN, OR LOCATION WHILE AT WORK | NOT WHILE AT WORK IT **YPEWRITER** READ and last saw him alive on 21. I attended the deceased from \_m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred SHOULD 22c. DATE SIGNED (Degree or title) 22a, SIGNATURE 6-11-63 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, Mo. ġ. St. Louis County REMOVAL (Specify) Washington Park Cemetery 1963 June 15. Burial 25. DATE RECD. BY LOCAL REG. 26. TEM 24. FUNERAL DIRECTOR

221 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

| I hereby      | r certify that the body whose name | is recorded on the reverse side of this certificate was embalmed by me, |
|---------------|------------------------------------|---|
| or by         | 1                                  | , Student Embalmer No   |
| working under | my personal supervision.           | $\alpha 0$ $i \approx 0$ $i \approx 10$                                 |
| Student       | Signature of Student Embalmer      | Signed Oliver & Crumble   |
|               | v si<br>v                          | Licensed Embalmer No. 5185  |
|               | <u> </u>                           | P. O. Address 1221 1) Grand ava   |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

, If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

"If this body is not embalmed, fact should be so stated above.